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Application Number 10/652 590 TRANSMITTAL Filing Date 08/29/2003 First Named Inventor FORM Russell W. White Art Unit 3761 Examiner Name Anderson, Catharine L. (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission 1030-0001 **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Replacement Sheets 1, 6 Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences ~ Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Provisional Application Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Endosure(s) (please identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) CUSTOMER NO.: 34456 Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name LARSON NEWMAN ABEL POLANSKY & WHITE, LLP Signature Printed name Russell W. White Date Reg. No. //B/OL 45,691 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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NO. 8664

P. 3/17

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/652,589 TRANSMIT Filing Date August 29, 2003 For FY 2006 First Named Inventor Russell W. White Examiner Name Anderson, Catharine L. Applicant claims small entity status. See 37 CFR 1,27 Art Unit 3761 TOTAL AMOUNT OF PAYMENT (\$) 450.00 Attorney Docket No. 1030-0001 METHOD OF PAYMENT (check all that apply) Check | Credit Card Money Order Other (please identify): None Deposit Account Deposit Account Number: 50-3797 Deposit Account Name: Larson Newman Abel Polanksy & White, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Feg (\$) F<u>ee (\$)</u> Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 **Plant** 200 100 300 150 160 80 300 Reissue 150 500 250 600 300 Provisional 200 100 0 0 0 O 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 100 200 Multiple dependent claims 180 360 Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 or HP = Fee (\$) Fee Pald (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of Independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Paid (\$) _ (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Two-month Extension of Time Fee 450.00

SUBMITTED BY Registration No. 45,691 Telephone 512-439-7100 Signature (Attorney/Agent) Name (Print/Type) Russell W. White Date

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